POSITION INITIALS ID NO. DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

## **INDEX OF CLAIMS**

,	Rejected	N	Non-elected
	Allowed	1	Interference
	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

		÷	Restricted	0	Objected	
1			Claim	Date	Claim	Date
	Claim	Date				
	1 E 101 E		Final		Final	
	Final Original		Origin		E 5	
		<del>}</del>	51	<del>-    </del>	101	
١.	DXV Y	╀┼┼┼┼	52		102	<del>                                     </del>
聖して		<del>                                     </del>	53	<del></del>	103	<del></del>
(3		<del>                                     </del>	54		104	<del>-                                     </del>
-3	<b>                 </b>		55		105	
	<del>    <u> </u>            </del>		56		106	
		<del>╎╎╎┤╸┤╶╎╸</del> ┪	57	<del></del>	107	
	<del>                                    </del>		58	<del>                                     </del>	108	
	8 1		59		109	
	<del>├──<del></del>┼╃╌<b>╂</b>┈┼┼</del>	<del>╏╸╽╶┧╺╏</del> ╶╏	60		110	
· ·	10	S. Insur	61		111	
		++++	62		112	
	12	<del> </del>	63	<del></del>	113	<del></del>
	13 V	<del>╽╶┧╶╏╸╏╸</del> ┦	64	<del>                                     </del>	114	
		<del>╻╶╏╸╏╸╏╸</del>	65	<del></del>	115	
	-   1°    -   V	<del>                                      </del>	66	<del></del>	116	
	16 /	<del>                                     </del>	67	<del>-                                      </del>	117	
	17	<del>┦╸┦╶┦</del> ╶┦╸ <del>┦</del>	68	<del></del>	118	
	18	<del>                                     </del>	69	<del>- - - - - - - - - - - - - - - - - - - </del>	119	
	19	<del>                                     </del>		<del>-                                     </del>	120	
	20		70		121	<del>▎▗</del> ▗▗ ▗ ▗
	21		71		122	<del>-   -   -   -   -   -   -   -   -   -  </del>
9	22		72		123	
ar 9.	23		73	<del>                                      </del>	124	<del>▎▕▕▕▕▗</del> ┞ <del>▗</del> ╏ <del>▗</del> ╏
X	24		74	<del>                                     </del>	<del></del>	<del>┞╸┩╶┪</del> ╶╊╌╂╾┩
M. William	25 26		75	<del></del>	125	<del>                                     </del>
<b>医</b> 菜	26		76		126	<del>▎▗▎▗▎</del>
1/1	27		77		127	<del>┞╶┡</del> ╶╂┈╂┈╂┈╂
. (	28		78		129	<del>╿┈┋╸┩┈╏┈╏┈╏</del>
,	28 29 31 32 33		79		130	<del>╿╸┩╺┩╸</del> ╂╾┨
. 70 -	(30b)		80			<del>╽┈╽╺╏┈╏╸╏┈</del> ╏
(1)	31		81		131	<del>┞╶┨┈┧┈╏┈╏┈╏┈╏</del>
1.1	32		82		132	<del>╽╸╎╸┦╸╂╸╏</del>
J			83		133	<del>╎╸┞╸╏╶┞╺╏╸</del> ┪
	34		84		135	<del>┞╴┞╶┞╶╏╸┞</del> ╌╏═ <del>╿╸</del> ┞═┨
	34 35		85	<del>╏┋┋┋</del>	136	<del>╎╶┦╼╏╸┩═╏╸</del> ┼╌ <del>┦═╏╸</del> ┫
	.   36 \		86	<del>┡┋┋</del> ╇╇	137	<del>┨╌╂╌╂╌┞╌┞╌┞</del> ╌╅╍╅╍┪
	37		87	<del>                                     </del>		<del>╽╸╏╸┨</del> ╌╂╼╂╼╂╼╀═┦
	38 /		88	<del>                                     </del>	138	<del>┞╸┞┈┞┈┞</del> ┈┞
_	19 V		89	<del> - - - - - - </del>	139	<del>┞╶╏╸┠┈╏╸┞</del> ┈╂═╂═╂═
	40 V		90		140	<del>┞╼┨╸┞┈╂╍┞╺╉╸┨</del> ╾╂ <del>╍</del> ┩
	41 1		91		141 ~	<del>╽╸┧</del> ╾╁╌╂╌╂╼╂╼╂╼╅╍┥
	42	<del>                                      </del>	92		142	<del>╽╸┠╺╂╸╂╸╂╸</del> ╉╾┥
	43		93		143	<del>╎┈┤┈╎┈┞╸</del> ┼╾╂╾╂╾╂╾
	44		94		144	<del>╽╺╏╸╏╸╏╸╏╸┩╸</del> ╋╾╃╌┥
	45	<del>                                     </del>	95		145	<del>╽╺┤╸╏╸╽╺╂╺╋╍</del>
	46	<del> - - - - - - - - - - - - - - - - - - -</del>	96		146	<del>╏╶╏╸╏╸╏╸╏╸╏╸</del>
	47	<del></del>	97		147	<del>╎╎╎╎</del> ┼┼┼┼┼┼
	48	<del>                                     </del>	98		148	<del>╽╌╽╌╏╌╏╌╏╸</del> ╂╌╂╌
	49	<del>┩╏╏</del> ╇	99		150	<del>┦═┼═┩═╂═╂═╂═╋</del> ═
	50	<del></del>	100		150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here